

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5608

STATE FILE NUMBER

63-021406

FILED JUN 3 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b
11 Mo. 2 Da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francis

c. CITY
OR
TOWN Farmington

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF
HOSPITAL OR
INSTITUTION Masonic Home Of Missouri

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS 508 S. Washington

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last
Hattie Dorinda Byington

4. DATE
OF
DEATH
Month Day Year
May 25 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/1/1882

9. AGE (last birthday)

80

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.
8 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Hazel Run, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Thomas Mostiller

13b. MOTHER'S MAIDEN NAME

Emma Louise Rougely

14. NAME OF HUSBAND OR WIFE

Everette Byington

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Masonic Home Of Missouri 5351 Delmar

Address

Carl V. Stein

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH
24 hrs.

DUE TO (b)

Generalized Arteriosclerosis

UNKNOWN

DUE TO (c)

331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 23, 1962 to May 25, 1963 and last saw her alive on May 25, 1963

Death occurred at 2:45 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Harold E. Walters MD

(Degree or title)

22b. ADDRESS

3720 Washington Ave St.

22c. DATE SIGNED

5-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5-28-63

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State)

Desloge, Mo.

24. FUNERAL DIRECTOR

Boyer Funeral Home, Desloge, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

MAY 27 1963

26. REGISTRAR'S SIGNATURE

Roan Smith MD

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

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SEP 7 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.